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Chief Executive Officer



August 18, 2009

To: Supervisor Don Knabe, Chair
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

**RESPONSE TO JULY 28, 2009 BOARD MOTION - AUGUST 18, 2009 AGENDA ITEM NO. 53**

On July 28, 2009, on motion of Supervisor Ridley-Thomas, your Board directed the Chief Executive Officer (CEO) to work with the Director of Children and Family Services (DCFS) and report back to the Board on August 18, 2009 with a review and evaluation of: 1) the efficacy and utilization of the Structured Decision-Making tool used by social workers in predicting the likelihood of child abuse; and 2) the existing caseload ratio for each level of children's social worker, to include a comparison with surrounding counties and best practices, including recommendations for an optimum staffing ratio and case assignment process.

**Structured Decision-Making (SDM)**

SDM is a six component assessment tool to provide Children's Social Workers (CSW) with simple, objective, and reliable tools with which to make the best possible decisions for individual cases; and provide DCFS management with information for improved planning and resource allocation. The components of SDM include: 1) Response Priority (Hotline Tool), which helps determine if and when to investigate a referral; 2) Safety Assessment, for identifying immediate threatened harm to a child; 3) Risk Assessment, estimates the risk of future abuse or neglect and guides in case opening; 4) Family Strengths and Needs Assessment, used for identifying family strengths and needs and assist with case planning; 5) Risk Reassessment, combines items from the original risk assessment tool with additional items that evaluate a family's progress toward case plan goals; and 6) Reunification Reassessment, to structure critical case

management decisions for children in placement who have a reunification goal. SDM has been utilized in DCFS over the past five years and is used by almost all California counties, 27 states, parts of Canada and Australia.

At the first face-to-face contact with a family, Emergency Response (ER) CSWs use the SDM Safety Assessment tool to determine if the child needs to be immediately removed from the home or if the child can remain in the home with services to mitigate the threat to safety. This tool prompts the CSW to consider various options to mitigate safety threats and reminds them to utilize a Safety Plan if the child is left in the home after a threat is identified and service interventions are in place. At the close of the referral, the ER CSW completes the Risk Assessment tool. The Risk Assessment tool is research based and was initially validated in 1998 with two subsequent revalidation studies in 2003 and 2007. The Risk Assessment tool classifies families into one of four categories for likelihood of future maltreatment (Low, Moderate, High and Very High Risk). The Risk Assessment tool then guides the CSW's decision to open or not to open a case. The goal is to open a case on all Very High and High Risk referrals. Low and Moderate Risk referral with substantiated maltreatment are also opened.

As a management tool, SDM provides DCFS management with important information to assist them with departmental planning and resource allocation. Chart 1 below shows data from a 2008 management report indicating outcomes from the Safety and Risk Assessment tool. For example, in 2008, DCFS removed children in 1.4 percent of Low Risk referrals, 4.7 percent of Moderate Risk referrals, 30.7 percent of High Risk referrals and 56.3 percent of Very High Risk referrals. The ability to efficiently and accurately collect and report the level of risk for all children who come into contact with DCFS is invaluable in serving the children and families in the County.

**CHART 1**

**Table C2**

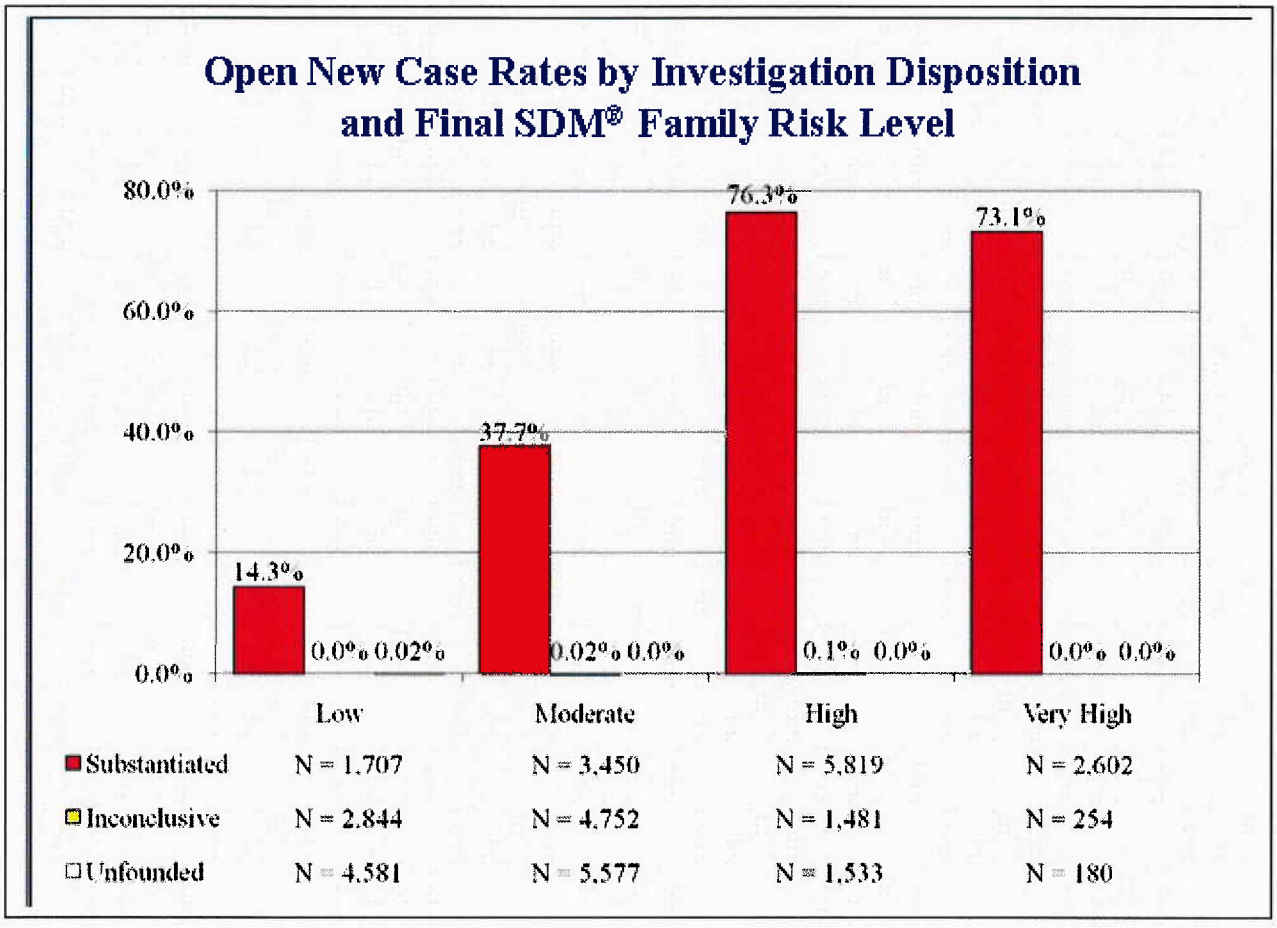
**Final SDM® Family Risk Level by Safety Assessment Results**

| Risk Level | Safety Assessment Result | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | No Safety Threats | | In-home Services | | Removal/Placement | | | |
| | N | % | N | % | N | % | N | % |
| Low | 2,527 | 55.8% | 1,941 | 42.8% | 64 | 1.4% | **4,532** | **100.0%** |
| Moderate | 4,170 | 51.1% | 3,607 | 44.2% | 386 | 4.7% | **8,163** | **100.0%** |
| High | 2,003 | 27.6% | 3,034 | 41.8% | 2,230 | 30.7% | **7,267** | **100.0%** |
| Very High | 391 | 13.8% | 851 | 30.0% | 1,599 | 56.3% | **2,841** | **100.0%** |
| **Total** | **9,091** | **39.9%** | **9,433** | **41.4%** | **4,279** | **18.8%** | **22,803** | **100.0%** |

Note: There were 68,201 investigations conducted. Investigation dispositions were recorded in 67,651 investigations. Of those, 40,628 were unfounded. Of 27,023 substantiated and inconclusive investigations, safety and risk assessment results were available for 22,803.

In addition, Chart 2 below shows how SDM is able to validate DCFS' success in opening cases for families at various risk levels in comparison to the referral allegation outcomes. For example, ER CSW opened 1,533 High Risk cases even though referral outcomes were unfounded. Also, 180 cases were opened on Very High Risk families in which the allegations were unfounded. Additionally, SDM is able to track when the maltreatment rate is higher for High and Very High Risk families, indicating that the ER CSW is working harder at opening referrals to provide needed services.

**CHART 2**




Further, SDM provides DCFS management with valuable information regarding the recurrence rates on substantiated referral investigations. Chart 3 below reflects the 12 month substantiation rate for families investigated in 2007. Low Risk families had a

recurrence rate of 2.9 percent, Moderate Risk families a 5.8 percent recurrence rate, High Risk families a 9.7 percent recurrence rate and Very High Risk families a 13 percent recurrence rate. These outcomes suggest the SDM tools are effectively identifying families in which children are maltreated. As the tools mature over time, the ability to more accurately classify a family will improve. Currently, there are no other researched based assessment tools that can accurately classify families into risk groups.

**CHART 3**

## New Substantiated Allegation of Maltreatment by Risk Level and Case Promotion Decision Children on Referrals Investigated in 2007 12-month Follow-up Los Angeles County

| Risk Level | January – December 2007 Case Promotion Decision | | | | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | New Case Opened | | | No Case Opened | | | | | |
| | N | % | Recurrence Rate* | N | % | Recurrence Rate* | N | % | Recurrence Rate* |
| Low | 223 | 1.7% | **8.5%** | 10,004 | 10.4% | **2.8%** | 10,227 | 9.3% | **2.9%** |
| Moderate | 1,538 | 11.8% | **7.7%** | 21,449 | 22.2% | **4.8%** | 22,987 | 21.0% | **5.0%** |
| High | 7,081 | 54.3% | **9.5%** | 10,969 | 11.4% | **9.9%** | 18,050 | 16.5% | **9.7%** |
| Very High | 3,892 | 29.8% | **12.3%** | 2,836 | 2.9% | **14.1%** | 6,728 | 6.1% | **13.0%** |
| Unknown | 306 | 2.3% | **15.4%** | 51,305 | 53.1% | **4.8%** | 51,611 | 47.1% | **4.8%** |
| Total | 13,040 | 100.0% | **10.2%** | 96,563 | 100.0% | **5.4%** | 109,603 | 100.0% | **6.0%** |

*Recurrence rate is new investigation with a substantiated allegation within 12 months.

**Utilization of SDM**

The various assessment tools available in SDM are widely utilized throughout DCFS. As of July 2009, the following SDM tools were used:

| | |
|---|---|
| 1) Hotline Tool: | 99 percent of all referrals |
| 2) Safety Assessment Tool: | 94 percent of all referrals |
| 3) Risk Assessment Tool: | 94 percent of all referrals |
| 4) Family Strengths and Needs Assessment Tool: | 63 percent on all open-cases |
| 5) Risk Reassessment Tool: | 64 percent on all open-cases |
| 6) Reunification Reassessment Tool: | 64 percent on all open-cases |

Utilization of SDM tools by DCFS staff is above the statewide average. For example, the statewide average utilization for each tool is as follows: Hotline tool 94.8 percent; Safety and Risk Assessment tools 90.4 percent; and Risk and Reunification Reassessment tools 55.3 percent.

**Finding**

We believe SDM is an efficient and effective tool used by CSWs to assist them in determining the level of risk of a child. However, while SDM is a valuable assessment tool, it is not intended to replace a CSWs' experience, training or judgment in determining whether a child should be detained.

**Caseload**

The caseload for Los Angeles County CSWs varies throughout the Department. For purposes of this report, we have classified CSWs into two types: 1) generic CSW; and 2) ER CSW. As of July 2009, the departmentwide average caseload for generic CSWs is 22.86 children (a ratio of 23:1). DCFS has initiated various intra-departmental caseload reduction efforts this past year that have resulted in the reduction of generic CSW caseloads from an average of 27 cases per CSW to 23 cases. This reflects an average decrease of 4.24 cases per generic CSW.

While generic CSW caseloads remain relatively constant, ER CSW caseloads vary from month-to-month. ER CSW caseload is determined by the number of Hotline calls screened in any given month. As the number of calls to the Hotline increase, so does the caseload. For example, May 2009 had the highest average referral caseload of 23.18 children per ER CSW (23:1). In contrast, February 2009 had the lowest average referral caseload of 17.67 per ER CSW (18:1). The resulting average ER CSW caseload for the period of January 2009 through July 2009 was 20.04 cases (20:1).

An analysis was conducted by the Children's Research Center of CSW caseloads for the month of July 2009 for Los Angeles and surrounding counties. Chart 4 below reflects the average referral (ER CSW) caseload for Los Angeles County (8:1) is comparable to that of Orange (9.6:1), Ventura (9.7:1), and Riverside (9.8:1) counties. While the average generic CSW caseload for Los Angeles County (22:1), is significantly higher than all surrounding counties: Orange (15:1), Ventura (12.1), Riverside (18:1), and San Diego (17:1) counties.

In addition, a 1999 workload study conducted by the State under SB 2030 (Chart 5) established the optimum caseloads for CSWs. At that time, the workload for ER and Generic CSWs was significantly less. The study recommended that optimum ER caseloads should be 13.03 cases (children) per CSW (13:1) and 15.58 cases per generic CSWs (16:1). However, since the study, the complexity of case referral investigations and case management has increased. DCFS estimates that the current optimum caseload ratio for ER CSW is 12:1 and generic CSWs is 15:1. To achieve the optimum CSW ratios, it is estimated that DCFS would need to hire an additional 1,695 CSW, supervision and clerical support positions at an annual cost of $180.5 million in net County cost.

**CHART 4**

| SafeMeasures Primary Assignment Workload Comparison for July 31, 2009 | | | | | |
|---|---|---|---|---|---|
| | Riverside | Ventura | San Diego | Orange | Los Angeles |
| Referral/Investigation Average | 9.8 | 9.7 | 15.4 | 9.6 | 8.3 |
| Avg. # Children/Inv. | 1.9 | 1.7 | 1.8 | 2.0 | 2.1 |
| Avg. # Children Investigated | 19.1 | 17.0 | 28.4 | 18.9 | 17.7 |
| | | | | | |
| Ongoing Caseload Average | 18.4 | 12.1 | 16.8 | 15.3 | 22.0 |
| | | | | | |
| Note: Caseload based on active ER, FM, FR and PP Cases on 07/31/09. | | | | | |
| Note: Average # of children computation: Number of children in referral/investigations divided by number of referral/investigations. | | | | | |

| SafeMeasures Time to Investigate Reports: July 2009 | Investigations Assigned | Number of children in Investigations | Average # of children per Investigation |
|---|---|---|---|
| Riverside | 1,354 | 2,636 | 1.9 |
| Ventura | 417 | 727 | 1.7 |
| San Diego | 2,055 | 3,786 | 1.8 |
| Orange | 1,002 | 1,962 | 2.0 |
| Los Angeles | 4,646 | 9,960 | 2.1 |

**CHART 5**

| CSW Type | Existing Caseload* | Existing CSWs | Total CSW count if SB 2020 Ave Implemented | CSWs needed to achieve SB 2030 caseload Ave | SB 2030 Standard Ave |
|---|---|---|---|---|---|
| ER | 9,389 | 506 | 720 | 214 | 13.03 |
| DI | 1,642 | 179 | | | na |
| FF | 1,392 | 58 | 89 | 31 | 15.58 |
| PP | 431 | 13 | 18 | 5 | 23.69 |
| GN | 24,251 | 1,364 | 1,556 | 192 | 15.58 |
| GT | 2,829 | 131 | 242 | 111 | 11.68 |
| Sp. Prog | 2,076 | | | | |
| Totals | 30,979 | 2,072 | 2,625 | 553 | |

*Existing Caseload total does not include ER and DI counts.
Specialized Program CSWs and DI CSWs add to GN total.
SB 2030 Caseload calculation prepared by Dick SantaCruz, CSA III.

In light of the County's current fiscal crisis, we believe obtaining the Department's optimum caseloads referenced above is not feasible at this time. However, we support DCFS' current efforts to reduce caseload through Departmental strategies and initiatives primarily funded through the Title IV-E Waiver. Through the continuation of DCFS' efforts to reduce the number of children in care, DCFS may achieve its goal of reducing ER CSW caseloads to an average of 18:1 and generic CSW caseloads to an average of 20:1 by the end of fiscal year 2009-10.

Please let me know if you have any questions, or your staff may contact Brian Mahan at (213) 974-1318.

WTF:SRH:JW
BAM:ljp

c: Executive Officer, Board of Supervisors
Director, Children and Family Services

Item No. 53.bm